

Applicant or Patentee: New Horizons Diagnostics, Inc., Inventors - Lawrence Loomis and Vincent Fischetti, Ph.D.

Serial or Patent No.: _____ Atty. Dkt. No. NewH-2

Filed or Issued: _____

For: A MEANS FOR THE PROPHYLACTIC AND THERAPEUTIC TREATMENT OF GROUP A STREPTOCOCCAL INFECTION

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27 (c)) — SMALL BUSINESS CONCERN**

I hereby declare that I am

- () the owner of the small business concern identified below:
(X) an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN New Horizons

ADDRESS OF CONCERN 9110 Red Branch Road, Columbia, Maryland 21045-2014

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18 and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled A MEANS FOR THE PROPHYLACTIC AND THERAPEUTIC TREATMENT OF A GROUP A STREPTOCOCCAL INFECTION by inventor(s) Lawrence Loomis and Vincent Fischetti

(X) the specification filed herewith

application serial no. _____, filed _____

() patent no. _____, issued _____

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate: (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: David Trudill

TITLE OF PERSON OTHER THAN OWNER: Vice President

ADDRESS OF PERSON SIGNING: 12616 Mt. Laurel Ct. Reisterstown, MD 21136

SIGNATURE: _____ DATE: 10/9/97

A

10/31/97
U.S. PRO

Applicant or Patentee: New Horizons Diagnostics, Inc. Inventors - Lawrence Loomis and Vincent Fischetti

Serial or Patent No.: _____ Atty. Dkt. No. NewH-1

First Issued: _____

A MEANS FOR THE PROPHYLACTIC AND THERAPEUTIC TREATMENT OF GROUP A STREPTOCOCCAL INFECTION

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27 (c)) — INDEPENDENT INVENTOR**

As a below named inventor, We hereby declare that We qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled A Means for the Prophylactic and Therapeutic Treatment of Group A Streptococcal Infection, described in

(☒) the specification filed herewith

(☐) application serial no. _____, filed _____

(☐) patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey, or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below.

(☐) no such person, concern or organization

(X) persons, concerns or organizations listed below*

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME New Horizons Diagnostics, Inc.

ADDRESS 9110 Red Branch Road, Columbia, Maryland 21045-2014

(☐) INDIVIDUAL (X) SMALL BUSINESS CONCERN (☐) NONPROFIT CORPORATION

FULL NAME _____

ADDRESS _____

(☐) INDIVIDUAL (☐) SMALL BUSINESS CONCERN (☐) NONPROFIT CORPORATION

FULL NAME _____

ADDRESS _____

(☐) INDIVIDUAL (☐) SMALL BUSINESS CONCERN (☐) NONPROFIT CORPORATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate: (37 CFR 1.28(b)).

*I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Vincent Fischetti, Ph.D.

Lawrence Loomis

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to my name.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled A LOZENGE FOR THE PROPHYLACTIC AND THERAPEUTIC TREATMENT OF GROUP A STREPTOCOCCAL INFECTIONS, the specification of which:

(check one) ☒ is attached hereto ☐ being filed on _____ as
Application Serial No. _____ and
was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this applications:

_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS) (PATENTED, PENDING, ABANDONED)
_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS) (PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY: As a named inventors, We hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

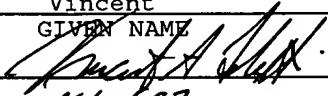
SEND CORRESPONDENCE TO:

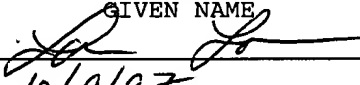
Jonathan E. Grant
Grant Patent Services
2213 M Street, N.W.
Suite 300
Washington, D.C. 20037

DIRECT TELEPHONE CALLS TO:

Jonathan E. Grant
(301) 608-8078

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor	<u>Vincent</u>	<u>Fischetti</u>
	GIVEN NAME	FAMILY NAME
Inventor's signature	<u></u>	
Date of signature	<u>10/10/97</u>	
Residence	<u>West Hempstead</u>	<u>New York</u>
	CITY	STATE OR PROVINCE
Citizenship	<u>U.S.A.</u>	<u>U.S.A.</u>
		COUNTRY
Post Office Address	<u>448 Joan Court</u>	
(insert complete mailing address, including country)	<u>West Hempstead, New York 11552</u>	

Full name of second inventor	<u>Lawrence</u>	<u>Loomis</u>
	GIVEN NAME	FAMILY NAME
Inventor's signature	<u></u>	
Date of signature	<u>10/9/97</u>	
Residence	<u>Columbia</u>	<u>Maryland</u>
	CITY	STATE OR PROVINCE
Citizenship	<u>U.S.A.</u>	<u>U.S.A.</u>
		COUNTRY
Post Office Address	<u>113374 Buckelberry Path</u>	
(insert complete mailing address, including country)	<u>Columbia, Maryland 21044 U.S.A.</u>	

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